

UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL  
PARK SERVICE  
FINAL CONCESSION EVALUATION REPORT

FORM 10-631 (Rev 8/89)

Concid:	CC-STLI-0001-89	Date:	November 29, 2006	Year of Operation:	2006
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	Satisfactory	Marginal	Unsatisfactory
Operational Performance Rating:	X		
Contract/Permit Compliance Rating:	X		
ANNUAL OVERALL RATING DETERMINATION:	X		
Annual Overall Narrative Assessment and Comments on the Concession Contractual Obligations and Operational Performance for the Year			

The Concessions Management Office has determined that the Circle-Line Statue of Liberty Ferry concessions operation has met the expectations of the National Park Service and the visitors in 2006.

Over the past year Circle Line has continued to work closely with the Park to resolve any outstanding issues that have been previously identified in periodic and Annual Evaluations.

Hal Clancy continues to maintain on-site presence in the park to deal with any and all issues that arise. Annual Park boat schedules that were created with the help of Mr. Clancy have worked well during the course of the year and have met the changing needs of the visitor.

With the help of the Concessions Manager, Carol Stockley, new and professional display cases and menu boards have replaced old and outdated boards and signage. Carol also continues to make sure that crew on board the vessels are customer oriented and provide acceptable service to the visitors.

With the continued help of Rafael Abreu, the new Time Pass System that was implemented by the Park, is finally starting to work well and provide the best possible Liberty Island experience for the visitor. Although daily pass numbers are limited, more passes are being used since the re-opening of the Monument in August 2004. Rafael also continues to help resolve credit card issues at the screening sites as they arise.

Electronic reporting from Circle Line to the Park that was implemented during past year has worked well and all reports have arrived to the Park on time.

Issues addressed and identified in prior Annual Evaluations concerning the ticket offices, their overall appearance, signage and the ability to accept credit cards has been addressed and resolved.

The Park has worked closely with Circle Line to address issues that had developed in the Capital Account post 9/11. After a thorough review of the expenditures in projects 22 through 30 it was determined that \$1,739,854.28 are approved. Complete analysis of projects 23, 24 and 27 show \$68,327.83 in denied expenditures. Circle Line has reimbursed the Capital Account for this amount. The Park service also notes that all funds should be depleted or transferred and the account will be closed by the second quarter of 2007.

Superintendent's Signature	Cynthia R. Garrett	Date Signed:	2/7/07
Concessioner's Signature (to signify receipt of rating):		Date Signed:	

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE  
SUPERINTENDENT'S ANNUAL CONCESSIONER CONTRACT/PERMIT COMPLIANCE REPORT  
OPERATING YEAR: 2006

Form 10-630 (Rev. 7/83)

PARK	Statue of Liberty National Monument / Ellis Island
CONCESSIONER	Circle Line-Statue of Liberty Ferry, Inc.
CONTRACT NO	CC-STLI-0001-89
PERMIT NO.	

**COMPLIANCE**

		Yes	No	N/A		Yes	No	N/A
<b>* Denotes "Special Attention" Items</b>								
* 1.	Building and Improvement Program			N/A	* 7.	Accounting Records & Reports	X	
2.	Accommodations, Facilities & Services	X			* 8.	Franchise Fee	X	
3.	Plant, Personnel and Rates	X			9.	Bond and Lien		N/A
* 4.	Maintenance	X			10.	Assignment		N/A
5.	Possessory Interest			N/A	11.	Sub-concession		N/A
* 6.	Utilities	X			* 12.	Insurance		N/A

CONTRACT/PERMIT COMPLIANCE RATING: (Satisfactory, Marginal, Unsatisfactory) **Satisfactory**

Superintendent's Signature	<i>Guthrie R. Garrett</i>
Concessioner's Signature (To signify receipt of rating)	

**CONTRACT/PERMIT COMPLIANCE CHECKLIST**

		YES	No	N/A
<b>*1. BUILDING AND IMPROVEMENT PROGRAM (Item 1 of Instructions)</b>				
A.	Does the contract contain a building & improvement program?		X	
B.	If the answer to (A) above is yes,			
(1)	Is any portion of such program applicable to this rating period?			X
(2)	If (1) above is yes, have plans and specifications been submitted and approved by the Superintendent?			X
(3)	What portion(s) of the building and improvement program has been completed during this rating period?			X
(4)	What was starting date as stated in the contract?			
(5)	When was actual starting date?			
(6)	When is completion date?			
(7)	If already completed, give date:			
(8)	Has the concessioner submitted documentation to evidence expenditures of the program?	X		
(9)	(ACCESSIBILITY OF FACILITIES TO HANDICAPPED PERSONS TO BE ADDED AT A LATER DATE)	X		
COMMENT:				
<b>2. ACCOMMODATIONS, FACILITIES AND SERVICES (Item 2 of Instructions)</b>				
A.	Are all accommodations facilities and services required/authorized?	X		
B.	Are any services being provided that are not authorized under this contract/permit?		X	
If yes, please list:				
C.	(1) Does the concessioner have a preferential right to new or additional service?	X		
	(2) If such new or additional services have been identified by the NPS, has the concessioner agreed to provide them?	X		
If the answer to (2) above is no, explain:				
<b>3. PLANT, PERSONNEL AND RATES (Item 3 of Instructions)</b>				
A.	Does the concessioner meet the criteria for needing an affirmative action plan? (See item #3 of instructions for criteria.)	X		
If the answer is no, disregard the next question. if yes:				
(1)	Does the concessioner have a written affirmative action plan?	X		
If the answer is no, explain:				
B.	Are EEO posters furnished and adequately displayed?	X		
C.	Have current rates used by the concessioner been approved by the Superintendent and properly documented by supporting rate approval studies in accordance with the Rate Approval Program Guidelines in NPS-48?	X		
If the answer is no, explain:				
<b>*4. MAINTENANCE (Item 5 Instructions)</b>				
A.	Has the concessioner fulfilled the terms of any maintenance agreement including the dollar amount if stipulated?	X		
If "NO", give reason:				

<b>5. POSSESSORY INTEREST (Item 6 of Instructions)</b>													
A. Has the concessioner (a) made any capital improvements to government improvements?												X	
(b) acquired any possessory interest in concessioner's improvements not listed on the exhibit to the contract during this rating period?												X	
If yes, list:													
B. Was prior written approval given by the Service for these improvements?											N/A		
<b>*6. UTILITIES (Item 7 of Instructions)</b>													
A. List utility services provided by the park for the concessioner:													
Solid Waste													
B. If the concessioner is charged for the service(s) provided, has he paid for them in a timely manner?											X		
<b>*7. ACCOUNTING RECORDS AND REPORTS (Item 8 of Instructions)</b>													
A. If this is the first year of a contract, was the opening balance sheet required by contract provision?												X	
If "YES", when was it submitted?													
B. Considering the most recent Annual Financial Report (AFR) due within this rating period:													
(1) Give date AFR was due: March 3, 2006													
(2) Date AFR was submitted: March 17, 2006													
C. Was AFR audited by an independent licensed or certified public accountant, if required?											X		
<b>*8. FRANCHISE FEE (Item 9 of Instructions)</b>													
A. Are there franchise fees (including building use fees) past due from the concessioner?												X	
B. For the last 12 months, list due date and date paid for franchise fees: (NOTE: Some concessioners are required to pay more than once a year)													
DUE	10/15	DUE	12/15	DUE	2/15	DUE	4/15	DUE	6/15	DUE	8/15		
PAID	10/15	PAID	12/15	PAID	2/15	PAID	4/15	PAID	6/15	PAID	8/15		
DUE	11/15	DUE	1/15	DUE	3/15	DUE	5/15	DUE	7/15	DUE	9/15		
PAID	11/15	PAID	1/15	PAID	3/15	PAID	5/15	PAID	7/15	PAID	9/15		
C. If applicable, what is the next date for renegotiation of franchise fees?													
D. Are the amount of sales claimed as exempt from franchise fee supported by invoices bearing a certification by the seller that the items meet NPS standards for native American and Indian handicraft items?													X
<b>9. BOND AND LIEN (Item 10 of Instructions)</b>													
A. Was a bond required by the contract?												X	
If yes, give amount and date posted:													
If a bond was not required, mark item 9 of rating sheet "N/A".													
<b>10. ASSIGNMENT (Item 13 of Instructions)</b>													
A. If this concession operation has been sold to a successor during this evaluation year, has the successor fulfilled all obligations stipulated by the NPS in (1) letter(s) of contingent and/or final approval, or (2) the assignment, acceptance and approval document?											N/A		
B. If the name of the business has changed in the past year, give new name:													
<b>11. SUBCONCESSION (Item 14 of Instructions)</b>													
A. Are there any agreements with third parties to provide any services authorized or required in the contract/permit with the concessioner?												X	
B. If the answer is "YES", what services do they provide? (List):													
C. Are all such arrangements covered by an NPS approved sub-concession contract?													N/A
If the answer is no, explain:													
<b>*12. INSURANCE (Item 15 of Instructions)</b>													
Fill out the attached Insurance Review Checklist first; it will enable you to answer the questions below. <b>CAUTION:</b> The current NPS insurance requirements are applicable to contracts based on SOR's published after May 1, 1981. Earlier contracts may vary substantially and some questions in the checklist may not apply. Answer those which do apply and attach the checklist anyway because it provides data which WASO needs.													
A. Has concessioner provided the Superintendent with a Certificate of Insurance or Broker's Analysis?											X		
B. Has the concessioner purchased all required property coverage in the amount required?											X		
C. Has the concessioner purchased all the required liability coverage in the amount required?											X		
D. Has the concessioner had inserted in all insurance policies appropriate clauses as required in the concession contract?											X		
If no, explain:													

UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL  
PARK SERVICE  
FINAL CONCESSION EVALUATION REPORT  
(Transportation Systems) - Standard No. VII  
FORM 10-607 (Rev. 6/82)

Concid#:	CC-STLI-0001-89	Name of Concessioner:	Circle Line-Statue of Liberty Ferry, Inc.
Region:	Northeast	Facility/Service:	Ferry Service
Year of Evaluation:	2006		

**NOTICE TO CONCESSIONER:** The elements (X) below were found deficient this date and must be corrected by the date(s) specified below. Failure to make correction(s) within the date(s) specified will result in downgrading the initial rating and may result in an unsatisfactory rating which may affect your contract/permit. Follow-up evaluations will be conducted to determine corrective action taken.

**ELEMENTS/CLASSIFICATION**  
Check (Box) in space provided - applicable elements (APP.)  
Check (Box) in space provided - those which are deficient (DEF.)

Element A. FACILITY EXTERIOR		APP.	DEF.	Element D. RATES		APP.	DEF.
1.	Structure Condition (B)	X		13.	Authorized Rates (A)	X	
2.	Grounds (B)	N/A		14.	Posting of Rates (B)	X	
3.	Public Signs (C)	X		Elements			
4.	Garbage and Trash (B)	X *		E. VEHICLES & VESSELS			
Element B. FACILITY INTERIOR				15.	Maintenance (B)	X *	
		APP.	DEF.	16.	Regulations (A)	X	
5.	Public Restrooms (A)	X		17.	Interpretation (B)	X	
6.	Public Signs (C)	X		Element			
7.	Public and Other Areas (B)	X		F. OTHER			
Element C. OPERATIONAL				18.	Beverage Container Program (B)		N/A
		APP.	DEF.				
8.	Employee Performance (A)	X					
9.	Employee Attitude (A)	X					
10.	Employee Appearance (A)	X					
11.	Operating Hours (B)	X					
12.	Staffing (A)	X					

ITEM #	EVALUATION OBSERVATION	CORRECT BY (Date)	CORRECTED BY (Date)
4	Encouraging the visitors to recycle is an ongoing job, would like to see more signage on the boats when the recycle cans are out. Other signage when Hills is doing the trash separation in the summer should be displayed.		
15	Condition of the ferries was found to be satisfactory during this inspection, the ferries seem to be showing more signs of soiled exteriors, rust, peeling paint, worn floors, seats and the engines seem to be smoking more.		

EVALUATION DATE	# OF OBSERVATIONS BY CLASSIFICATIONS			NUMERIC PERIODIC RATING	NPS EVALUATOR SIGNATURE	CONCESSIONER SIGNATURE
INITIAL	A	B	C	5	Linda G. Best	
	0	0	0	Preliminary		
FOLLOW-UP				5		
				Final		

REMARKS:

**FORM 10-603 (Rev. 6/82)**

REMARKS: Tremendous improvement has been made with the food, beverage and the merchandising of novelties on the ferries.

**(Merchandising Operations) – Standard No. V**

**FORM 10-605 (Rev. 6/82)**

Concid#:	CC-STLI-0001-89	Name of Concessioner:	Circle Line-Statue of Liberty Ferry, Inc.
Region:	Northeast	Facility/Service:	Merchandise on Boats
Year of Evaluation:	2006		

**NOTICE TO CONCESSIONER:** The elements (X) below were found deficient this date and must be corrected by the date(s) specified below. Failure to make correction(s) within the date(s) specified will result in downgrading the initial rating and may result in an unsatisfactory rating which may affect your contract/permit. *Follow-up evaluations will be conducted to determine corrective action taken.*

## ELEMENTS/CLASSIFICATION

**Check (Box) in space provided - applicable elements (APP.)**

Check (Box) in space provided - those which are deficient (DEF.)

Element		Element		Element	
A. FACILITY EXTERIOR		APP.	DEP.	D. RATES	
				APP.	DEF.
1.	Structure Condition (B)	N/A		13.	Auth. Rates & Labeling (A)
2.	Grounds (B)	N/A		14.	Sales Verification (C)
3.	Public Signs (C)	N/A		Element	
4.	Garbage and Trash (A)	N/A		E. MERCHANDISE	
Element				15.	Genuine Native & American Indian Handcraft (A)
B. FACILITY INTERIOR		APP.		16.	Other Preferred Merchandise
5.	Public Restrooms (A)	N/A			Other Acceptable Merchandise (B)
6.	Public Signs (C)	X			Unacceptable Merchandise (A)
7.	Display/Sales & Other Areas (B)	X		Element	
Element				F. OTHER	
C. OPERATIONAL		APP.	DEP.	19.	Vending (B)
8.	Employee Performance (A)	X		20.	Beverage Container Guidelines (B)
9.	Employee Attitude (A)	X			
10.	Employee Appearance (A)	X			
11.	Operating Hours (B)	X			
12.	Staffing (A)	X			

[illegible]

EVALUATION DATE	# OF OBSERVATIONS BY CLASSIFICATIONS			NUMERIC PERIODIC RATING	NPS EVALUATOR SIGNATURE	CONCESSIONER SIGNATURE
INITIAL	A	B	C			
	0	0	0	Preliminary	Loneal y Best	
FOLLOW-UP				5		
				Final		

REMARKS:

UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL  
PARK SERVICE  
CONCESSION PROGRAM  
FINAL RISK MANAGEMENT PROGRAM EVALUATION

FORM 10-628

Concid#:	CC-STLI-0001-89	Name of Concessioner:	Circle Line-Statue of Liberty Ferry, Inc.
Region:	Northeast	Facility/Service:	Overall Operation
Year of Evaluation:	2006		

NOTICE TO CONCESSIONER: The elements (X) below were found deficient this date and must be corrected by the date(s) specified below. Failure to make correction(s) within the date(s) specified will result in downgrading the initial rating and may result in an unsatisfactory rating which may affect your contract/permit. Follow-up evaluations will be conducted to determine corrective action taken.

ELEMENTS/CLASSIFICATION

Check (Box) in space provided - applicable elements (A)

Check (Box) in space provided - those which are deficient (D)

Element				Element			
A. PROGRAM ADMINISTRATION		APP.	DEF.	D. ACCIDENT REPORTING AND INVESTIGATION		APP.	DEF.
1.	Policy written and available to staff (B)	X		14.	Documented plan for reporting and investigating employee and visitor accident/incidents (B/C)	X	
2.	Safety and health official is designated (B/C)	X		15.	All reportable accidents are being reported to NPS (B)	X	
3.	Management and staff held accountable for compliance (A)	X		Element			
4.	Funds/resources (A)	X		E. PUBLIC SAFETY PROGRAM		APP.	DEF.
5.	Goals and objectives (B/C)	X		16.	Communication of activity-related hazards (B)	X	
6.	Program administration (C)	X		17.	Communication of resource-related hazards (B)	X	
Element				Element			
B. INSPECTIONS		APP.	DEF.	F. TRAINING		APP.	DEF.
7.	Inspection schedule has been developed (B)	X		18.	Training plan and accomplished training for supervisors (B/C)	X	
8.	Inspections are conducted as scheduled or required (A)	X		19.	Training plan and accomplished training for safety and health official (B)	X	
9.	Inspections conducted by person(s) capable of recognizing and evaluating hazards (B)	X		20.	Training plan and accomplished training for employees (B/C)	X	
10.	Inspections records kept for a minimum of three years (C)	X		Element			
C. DEFICIENCY CLASSIFICATION AND HAZARD ABATEMENT SCHEDULE		APP.	DEF.	G. EMERGENCY PROCEDURES		APP.	DEF.
11.	"Imminent danger" deficiencies abated or action plans developed within time limits (A)	X		21.	Procedures are documented for all probable occurrences (B)	X	
12.	"Serious hazard" deficiencies abated or action plans developed within time limits (B)	X		22.	Plans are coordinated with NPS (B)	X	
13.	"Non-serious hazard" deficiencies abated or action plans developed within time limits (C)	X		23.	Plans are distributed to employees or posted conspicuously (B)	X	

ITEM #	EVALUATION OBSERVATION	CORRECTED BY (Date)	DATE CORRECTED

EVALUATION DATE	# OF OBSERVATIONS BY CLASSIFICATIONS			NUMERIC PERIODIC RATING	NPS EVALUATOR SIGNATURE	CONCESSIONER SIGNATURE
INITIAL	A	B	C	5		
	0	0	0	Preliminary	Hanna Y Best	
FOLLOW-UP				5		
				Final		
REMARKS:						



UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL  
PARK SERVICE  
FINAL CONCESSION EVALUATION REPORT  
(Supplementary Interpretive Services) – Standard No. XI

FORM 10-611 (Rev. 6/82)

Concid#:	CC-STLI-0001-89	Name of Concessioner:	Circle Line-Statue of Liberty Ferry, Inc.
Region:	Northeast	Facility/Service:	Audio Tour
Year of Evaluation:	2006		

**NOTICE TO CONCESSIONER:** The elements (X) below were found deficient this date and must be corrected by the date(s) specified below. Failure to make correction(s) within the date(s) specified will result in downgrading the initial rating and may result in an unsatisfactory rating which may affect your contract/permit. Follow-up evaluations will be conducted to determine corrective action taken.

**ELEMENTS/CLASSIFICATION**  
Check (Box) in space provided - applicable elements (APP.)  
Check (Box) in space provided - those which are deficient (DEF.)

Element A. FACILITY EXTERIOR			Element F. MEDIA		
	APP.	DEF.		APP.	DEF.
1. Structure Condition (B)	N/A		17. Exhibits (B)	N/A	
2. Grounds (B)	N/A		18. Audiovisual Program & Equipment (B)	X*	
3. Public Signs (C)	N/A		19. Publications (B)	N/A	
4. Garbage and Trash (B)	N/A		20. Media and Content (B)	X	
Element B. FACILITY INTERIOR			21. Communicating Effectively (B)	X	
	APP.	DEF.	22. Culture or Role Presentations (B)	N/A	
5. Public Restrooms (A)	N/A		23. Costuming (C)	N/A	
6. Public Signs (C)	N/A		Element G. OTHER		
7. Public & Other Areas (B)	N/A			APP.	DEF.
Element C. OPERATIONAL			24. Vending (B)	N/A	
	APP.	DEF.	25. Beverage Container Guidelines (B)	N/A	
8. Employee Performance (A)	X				
9. Employee Attitude (A)	X				
10. Employee Appearance (A)	X				
Element D. RATES					
	APP.	DEF.			
11. Authorized Rates (A)	X				
Element E. INTERPRETIVE OPERATIONS					
	APP.	DEF.			
12. Program Content (B)	X*				
13. Program Presentation (B)	X *				
14. Advertising (B)	N/A				
15. Public Safety (A)	N/A				
16. Attendance (B)	N/A				

ITEM #	EVALUATION OBSERVATION	CORRECT BY (Date)	CORRECTED BY (Date)
18	Concessionaires should meet with Antenna Audio to see if they have closed caption devices and hearing amplifiers for visitors with hearing impairments.		

EVALUATION DATE	# OF OBSERVATIONS BY CLASSIFICATIONS			NUMERIC PERIODIC RATING	NPS EVALUATOR SIGNATURE	CONCESSIONER SIGNATURE
INITIAL	A	B	C	5		
	0	0	0	Preliminary	Louisa Y. Best	
FOLLOW-UP				5		
				Final		

REMARKS: